



City of Alpharetta
COMMUNITY EMERGENCY RESPONSE TEAM



APPLICATION FORM

(All applicants must be at least 18 years of age to apply.)

PLEASE TYPE OR PRINT

Today's Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ **please attach copy of drivers license, we do not accept applicants with felonies or multiple misdemeanors**

Valid Driver's License? () Yes () No
State: _____ Issued: _____ Expires: _____

Name/Address/Phone Number of Neighborhood Association: _____

Have you ever completed a CPR course? () Yes () No First Aid course? () Yes () No

Do you have any disaster-related training or experience? () Yes () No
If yes, please describe: _____

Are you a licensed amateur radio operator? () Yes () No Call Sign: _____ Class: _____

Are you a: () Medical Doctor () DVM () RN () LPN () Paramedic () EMT

Have you ever been convicted of an offense against the law other than a minor traffic violation?
() Yes () No If yes, please provide dates and detailed information (including minor offenses):

How did you hear about the CERT Program? _____

Please return via U.S. mail or drop off in a sealed envelope to:

Alpharetta Fire and Emergency Services
Lieutenant Gary Robinson
Fire Station 4
525 Park Bridge Parkway.
Alpharetta, GA 30005
www.alpharettacitizencorps.org

For further information you may contact Lieutenant Gary Robinson (678-297-6293).
Submitting an Application does not guarantee admittance to the next scheduled class, but it does assure that your interest is recorded (and you would be notified of the next available class in your area). **All applicants go through a criminal background check. We do not accept applicants with felonies or multiple misdemeanors.**